CHAPTER 11
IOWATER Field Report Forms

Habitat Assessment
Chemical/Physical Assessment
Standing Water Assessment

IOWATER
Volunteer Water Quality Monitoring

Habitat Assessment

*** Recommended frequency – yearly, in the summer ***
*** Photographic documentation is recommended and strongly encouraged ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

Stream Habitat Type (*at transect – check one*)

Riffle _____ Run _____ Pool _____

Streambed Substrate (*along transect – estimate percentages*)

_____ %	Bedrock – large sheets of stone.
_____ %	Boulder – stones larger than 10 inches in diameter
_____ %	Cobble – stones, diameter between 2.5 and 10 inches
_____ %	Gravel – 0.1 to 2 inch diameter
_____ %	Sand – smaller than 0.1 inches
_____ %	Mud/Silt – dirt or soil deposited on bottom of the stream
_____ %	Other – organic material like leaf litter, tree limbs, etc.
100%	**TOTAL**

Microhabitats (*check all present in stream reach*)

____ Algae Mats
____ Logjams
____ Root Wads
____ Fallen Trees
____ Silt/Muck
____ Sand
____ Junk (tires, garbage, etc.)
____ Leaf Packs
____ Rocks
____ Weed Beds
____ Undercut Banks
____ Rip Rap
____ Overhanging Vegetation
____ Other (*describe*) _____

Stream Banks (*at transect – check all that apply*)

Left Bank (*facing upstream*)

_____ Cut Bank – Eroding
_____ Cut Bank – Vegetated
_____ Sloping Bank
_____ Sand/Gravel Bar
_____ Rip/Rap
_____ Constructed Bank (i.e., drainage ditch)
_____ Other: _____

Right Bank (*facing upstream*)

_____ Cut Bank - Eroding
_____ Cut Bank – Vegetated
_____ Sloping Bank
_____ Sand/Gravel Bar
_____ Rip/Rap
_____ Constructed Bank (i.e., drainage ditch)
_____ Other: _____

Canopy Cover (*over transect – check one*)
0-25%_____ 25-50%_____ 50-75%_____ 75-100%_____

Riparian Zone Width (*at transect – check one for each bank*)

Left Bank (*facing upstream*)
_____ 0-5 meters
_____ 5-25 meters
_____ Over 25 meters

Right Bank (*facing upstream*)
_____ 0-5 meters
_____ 5-25 meters
_____ Over 25 meters

Riparian Zone Plant Cover (*at transect – estimate percentage of each*)

Left Bank (facing upstream)
____ % Trees
____ % Shrubs / Low Trees
____ % Grass / Low Plants
____ % Exposed Soil
____ % Other (rip rap, concrete, etc.)
100% TOTAL

Right Bank (facing upstream)
____ % Trees
____ % Shrubs / Low Trees
____ % Grass / Low Plants
____ % Exposed Soil
____ % Other (rip rap, concrete, etc.)
100% TOTAL

Adjacent Land Use (*along stream reach – check all that apply*)

___ Row Crop	___ Wetland	___ Boating Accesses	___ Rural Residential Areas
___ Pasture	___ Prairie	___ Nature Trails	___ Conservation Lands
___ Urban	___ Park	___ Fence	___ Animal Feeding Operations/Lots
___ Industrial	___ Playground	___ Steep Slopes	
___ Timber	___ Campground	___ Stairs/Walkway	___ Other _____

Human Use Activities (*along stream reach – check all that apply*)
Please check activities you've participated in or witnessed at this site.

___ Swimming	___ Wind Surfing	___ Wading	___ Fishing
___ Tubing	___ Canoeing/Kayaking	___ Rafting	___ Kids Playing
___ Water Skiing	___ Boating	___ Hunting/Trapping	___ Other _____

Evidence of Human Use (*along stream reach – check all that apply*)
Please check evidence of human use you've witnessed at this site.

___ Streamside Roads	___ Livestock Watering	___ Camping Sites	___ Evidence of Kid's Play
___ Footprints or Paths	___ ATV/ORV Tracks	___ Fire Pit/Ring	
___ Dock/Platform	___ Rope Swings	___ Fishing Tackle	___ Other _____

Is this stream Intermittent or Perennial? (*along stream reach- check one)*
Intermittent _____ Perennial _____

Record all other land use practices that potentially could affect the stream.

_____
_____
_____
_____

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Date _____ Time _____

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Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

Stream Habitat Type (*at transect – check one*)

Riffle _____ Run _____ Pool _____

Streambed Substrate (*along transect – estimate percentages*)

_____ %	Bedrock – large sheets of stone.
_____ %	Boulder – stones larger than 10 inches in diameter
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_____ %	Other – organic material like leaf litter, tree limbs, etc.
100%	**TOTAL**

Microhabitats (*check all present in stream reach*)

____ Algae Mats	____ Sand	____ Undercut Banks
____ Logjams	____ Junk (tires, garbage, etc.)	____ Rip Rap
____ Root Wads	____ Leaf Packs	____ Overhanging Vegetation
____ Fallen Trees	____ Rocks	____ Other (*describe*) _____
____ Silt/Muck	____ Weed Beds	

Stream Banks (*at transect – check all that apply*)

Left Bank (*facing upstream*)

_____ Cut Bank – Eroding
_____ Cut Bank – Vegetated
_____ Sloping Bank
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_____ Constructed Bank (i.e., drainage ditch)
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Right Bank (*facing upstream*)

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Canopy Cover (*over transect – check one*)
0-25%_____ 25-50%_____ 50-75%_____ 75-100%_____

Riparian Zone Width (*at transect – check one for each bank*)

Left Bank (*facing upstream*)
_____ 0-5 meters
_____ 5-25 meters
_____ Over 25 meters

Right Bank (*facing upstream*)
_____ 0-5 meters
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Riparian Zone Plant Cover (*at transect – estimate percentage of each*)

Left Bank (facing upstream)
____ % Trees
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____ % Exposed Soil
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100% TOTAL

Right Bank (facing upstream)
____ % Trees
____ % Shrubs / Low Trees
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100% TOTAL

Adjacent Land Use (*along stream reach – check all that apply*)

___ Row Crop	___ Wetland	___ Boating Accesses	___ Rural Residential Areas
___ Pasture	___ Prairie	___ Nature Trails	___ Conservation Lands
___ Urban	___ Park	___ Fence	___ Animal Feeding Operations/Lots
___ Industrial	___ Playground	___ Steep Slopes	
___ Timber	___ Campground	___ Stairs/Walkway	___ Other _____

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Is this stream Intermittent or Perennial? (*along stream reach- check one)*
Intermittent _____ Perennial _____

Record all other land use practices that potentially could affect the stream.
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Left Bank (*facing upstream*)
_____ 0-5 meters
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Stream Banks (*at transect – check all that apply*)

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Human Use Activities (*along stream reach – check all that apply*)
Please check activities you've participated in or witnessed at this site.

___ Swimming	___ Wind Surfing	___ Wading	___ Fishing
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Evidence of Human Use (*along stream reach – check all that apply*)
Please check evidence of human use you've witnessed at this site.

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Is this stream Intermittent or Perennial? (*along stream reach- check one)*
Intermittent _____ Perennial _____

Record all other land use practices that potentially could affect the stream.
_____
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Stream Banks (*at transect – check all that apply*)

Left Bank (*facing upstream*)

_____ Cut Bank – Eroding
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Canopy Cover (*over transect – check one*)
0-25%_____ 25-50%_____ 50-75%_____ 75-100%_____

Riparian Zone Width (*at transect – check one for each bank*)

Left Bank (*facing upstream*)
_____ 0-5 meters
_____ 5-25 meters
_____ Over 25 meters

Right Bank (*facing upstream*)
_____ 0-5 meters
_____ 5-25 meters
_____ Over 25 meters

Riparian Zone Plant Cover (*at transect – estimate percentage of each*)

Left Bank (facing upstream)
____ % Trees
____ % Shrubs / Low Trees
____ % Grass / Low Plants
____ % Exposed Soil
____ % Other (rip rap, concrete, etc.)
100% TOTAL

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____ % Trees
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Adjacent Land Use (*along stream reach – check all that apply*)

___ Row Crop	___ Wetland	___ Boating Accesses	___ Rural Residential Areas
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Intermittent _____ Perennial _____

Record all other land use practices that potentially could affect the stream.

_____
_____
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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Water Color (*check all that apply*)
Clear ___ Brown ___ Green ___ Oily ___ Reddish ___ Blackish ___ Milky ___ Gray ___

Water Odor (*check all that apply*)
None ___ Sewage/Manure ___ Rotten Eggs ___ Petroleum ___ Musky ___

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Transparency (*record whole numbers only – no tenths*)
_____ centimeters

pH
Expiration date on bottom of bottle _____
check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Water Temperature

_____ °Fahrenheit

Stream Width

____.____ meters

Maximum Stream Depth (*along your transect*)

___._____ meters

Stream Flow (*along your transect*)

_____ high **_____** normal **_____** low **_____** not sure

Stream Depth (*in meters, don't forget to convert from cm to m, 1 cm = 0.01 m*)

1st Spot ____._____	5th Spot ____._____	9th Spot ____._____	13th Spot ____._____
2nd Spot ____._____	6th Spot ____._____	10th Spot ____._____	14th Spot ____._____
3rd Spot ____._____	7th Spot ____._____	11th Spot ____._____	15th Spot ____._____
4th Spot ____._____	8h Spot ____._____	12th Spot ____._____	

Stream Velocity (*in seconds*)

1st Spot _____	5th Spot _____	9th Spot _____	13th Spot _____
2nd Spot _____	6th Spot _____	10th Spot _____	14th Spot _____
3rd Spot _____	7th Spot _____	11th Spot _____	15th Spot _____
4th Spot _____	8th Spot _____	12th Spot _____	

Other Stream Assessment Observations and Notes

_____

_____

_____

_____

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Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

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pH
Expiration date on bottom of bottle _____
check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Water Temperature

_____ °Fahrenheit

Stream Width

____.____ meters

Maximum Stream Depth (*along your transect*)

___._____ meters

Stream Flow (*along your transect*)

_____ high **_____** normal **_____** low **_____** not sure

Stream Depth (*in meters, don't forget to convert from cm to m, 1 cm = 0.01 m*)

1st Spot ____._____	5th Spot ____._____	9th Spot ____._____	13th Spot ____._____
2nd Spot ____._____	6th Spot ____._____	10th Spot ____._____	14th Spot ____._____
3rd Spot ____._____	7th Spot ____._____	11th Spot ____._____	15th Spot ____._____
4th Spot ____._____	8h Spot ____._____	12th Spot ____._____	

Stream Velocity (*in seconds*)

1st Spot _____	5th Spot _____	9th Spot _____	13th Spot _____
2nd Spot _____	6th Spot _____	10th Spot _____	14th Spot _____
3rd Spot _____	7th Spot _____	11th Spot _____	15th Spot _____
4th Spot _____	8th Spot _____	12th Spot _____	

Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Water Color (*check all that apply*)
Clear ___ Brown ___ Green ___ Oily ___ Reddish ___ Blackish ___ Milky ___ Gray ___

Water Odor (*check all that apply*)
None ___ Sewage/Manure ___ Rotten Eggs ___ Petroleum ___ Musky ___

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Transparency (*record whole numbers only – no tenths*)
_____ centimeters

pH
Expiration date on bottom of bottle _____
check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

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Nitrate-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

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Chloride

Expiration date on bottom of bottle _____

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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

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Was the stream dry when it was monitored? Yes _____ No _____

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Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

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Chloride

Expiration date on bottom of bottle _____

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Stream Width

____._____ meters

Maximum Stream Depth (*along your transect*)

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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

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check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

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Water Temperature

_____ °Fahrenheit

Stream Width

____._____ meters

Maximum Stream Depth (*along your transect*)

___._____ meters

Stream Flow (*along your transect*)

_____ high **_____** normal **_____** low **_____** not sure

Stream Depth (*in meters, don't forget to convert from cm to m, 1 cm = 0.01 m*)

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1st Spot _____	5th Spot _____	9th Spot _____	13th Spot _____
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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

Weather (*check all that apply*)
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check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

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Expiration date on bottom of bottle _____
check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Water Temperature

_____ °Fahrenheit

Stream Width

____._____ meters

Maximum Stream Depth (*along your transect*)

___._____ meters

Stream Flow (*along your transect*)

_____ high **_____** normal **_____** low **_____** not sure

Stream Depth (*in meters, don't forget to convert from cm to m, 1 cm = 0.01 m*)

1st Spot ____._____	5th Spot ____._____	9th Spot ____._____	13th Spot ____._____
2nd Spot ____._____	6th Spot ____._____	10th Spot ____._____	14th Spot ____._____
3rd Spot ____._____	7th Spot ____._____	11th Spot ____._____	15th Spot ____._____
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1st Spot _____	5th Spot _____	9th Spot _____	13th Spot _____
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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

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Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

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Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

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Stream Width

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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

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Expiration date on back of color comparator _____

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

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Expiration date on back of color comparator _____

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Other Stream Assessment Observations and Notes

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IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

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Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Water Temperature

_____ °Fahrenheit

Stream Width

____.____ meters

Maximum Stream Depth (*along your transect*)

___._____ meters

Stream Flow (*along your transect*)

_____ high **_____** normal **_____** low **_____** not sure

Stream Depth (*in meters, don't forget to convert from cm to m, 1 cm = 0.01 m*)

1st Spot ____._____	5th Spot ____._____	9th Spot ____._____	13th Spot ____._____
2nd Spot ____._____	6th Spot ____._____	10th Spot ____._____	14th Spot ____._____
3rd Spot ____._____	7th Spot ____._____	11th Spot ____._____	15th Spot ____._____
4th Spot ____._____	8h Spot ____._____	12th Spot ____._____	

Stream Velocity (*in seconds*)

1st Spot _____	5th Spot _____	9th Spot _____	13th Spot _____
2nd Spot _____	6th Spot _____	10th Spot _____	14th Spot _____
3rd Spot _____	7th Spot _____	11th Spot _____	15th Spot _____
4th Spot _____	8th Spot _____	12th Spot _____	

Other Stream Assessment Observations and Notes

_____

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Chemical / Physical Assessment

*** Recommended frequency – monthly ***

Date _____ Time _____

IOWATER Monitor _____ # of Adults (*incl. you*) **_____**

Site Number _____ # of under 18 _____

Other Volunteers Involved _____

Was the stream dry when it was monitored? Yes _____ No _____

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Water Color (*check all that apply*)
Clear ___ Brown ___ Green ___ Oily ___ Reddish ___ Blackish ___ Milky ___ Gray ___

Water Odor (*check all that apply*)
None ___ Sewage/Manure ___ Rotten Eggs ___ Petroleum ___ Musky ___

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Transparency (*record whole numbers only – no tenths*)
_____ centimeters

pH
Expiration date on bottom of bottle _____
check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**
Expiration date on bottom of bottle _____
check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L*)

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Water Temperature

_____ °Fahrenheit

Stream Width

____.____ meters

Maximum Stream Depth (*along your transect*)

___._____ meters

Stream Flow (*along your transect*)

_____ high **_____** normal **_____** low **_____** not sure

Stream Depth (*in meters, don't forget to convert from cm to m, 1 cm = 0.01 m*)

1st Spot ____._____	5th Spot ____._____	9th Spot ____._____	13th Spot ____._____
2nd Spot ____._____	6th Spot ____._____	10th Spot ____._____	14th Spot ____._____
3rd Spot ____._____	7th Spot ____._____	11th Spot ____._____	15th Spot ____._____
4th Spot ____._____	8h Spot ____._____	12th Spot ____._____	

Stream Velocity (*in seconds*)

1st Spot _____	5th Spot _____	9th Spot _____	13th Spot _____
2nd Spot _____	6th Spot _____	10th Spot _____	14th Spot _____
3rd Spot _____	7th Spot _____	11th Spot _____	15th Spot _____
4th Spot _____	8th Spot _____	12th Spot _____	

Other Stream Assessment Observations and Notes

_____

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
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Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____

IOWATER
Volunteer Water Quality Monitoring

Standing Water Assessment

*** Recommended frequency: monthly from ice-out to freeze-over ***

Date _____ **Time _____**

IOWATER Monitor _____ **# of Adults** (*incl. you*) **_____**

Site Number _____ **# of under 18 _____**

Other Volunteers Involved _____

Physical Assessment

Weather (*check all that apply*)
Sunny ____ Partly Sunny ____ Cloudy ____ Rain/Snow ____ Windy ____ Calm ____

Air Temperature _____ °Fahrenheit

Precipitation _____ inches over the last 24 hours

Wind Direction (*check one*)
____ Not applicable
____ North
____ South
____ East
____ West
____ Northeast
____ Northwest
____ Southeast
____ Southwest

Wind Speed (*check one*)
____ Calm (0-5 mph, felt on face, leaves rustle)
____ Breezy (sustained 5-15 mph, small branches move)
____ Strong (sustained over 15 mph, small trees sway continuously, waves form)
____ Gusty (gust over 15 mph, small trees sway occasionally)

Site Location ____ Open Water ____ Shore or Dock

Secchi Disc Depth ____.____ meters
OR Transparency Tube _____ cm (*record whole numbers only – no tenths*)

Water Temperature ____ °Fahrenheit

Water Level (*check one*)
Above Normal ____ Normal ____ Below Normal ____
If lake is not at normal level, and you have means to measure, please specify:
inches above _____ or below _____ normal

Water Odor (*check all that apply*)
None ____ Sewage/Manure ____ Rotten Eggs ____ Petroleum ____ Fishy ____

Chemical Assessment

IMPORTANT: Use Point Sampling technique!

pH

Expiration date on bottom of bottle _____

check one – **4 ____ 5 ____ 6 ____ 7 ____ 8 ____ 9 ____**

Nitrite-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ____ 0.15 ____ 0.3 ____ 1.0 ____ 1.5 ____ 3 ____**

Nitrate-N (*mg/L***)**

Expiration date on bottom of bottle _____

check one – **0 ___ 1 ___ 2 ___ 5 ___ 10 ___ 20 ___ 50 ___**

Dissolved Oxygen (*mg/L***)**

Expiration date on back of color comparator _____

check one – **1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 8 ___ 10 ___ 12 ___**

Phosphate (*mg/L*)

Expiration date on back of color comparator _____

Expiration date on round color comparator _____

Expiration date on activator solution _____

check one – **0 ___ 0.1___ 0.2___ 0.3___ 0.4___ 0.6___ 0.8___**

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 10 ___

Chloride

Expiration date on bottom of bottle _____

_____ mg/L – *Convert Quantab Units to mg/L using the chart provided on the bottle*

Biological Assessment

Water Color – Is there an obvious algal bloom? (algal mats present, water appears green or scummy) ____ No ____ Yes (*if yes, please submit a photo record*)

Habitat Assessment

*** Conduct only once per year, preferably in July, or if a major land use change occurs ***

Describe Lake Banks_____

_____

_____

_____

Describe Adjacent Land Use _____

_____

_____

Other Observations and Notes:

_____

_____

_____